2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2007
Secretary of State

DOCUMENT# L06000057158

Entity Name: PRIMEPATH COMMUNICATIONS, LLC

Current Principal Place of Business:

3981 SPRING CREEK HIGHWAY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

3981 SPRING CREEK HIGHWAY
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 03-0594690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LOGUE, JACOB TYLER
3981 SPRING CREEK HIGHWAY
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

LOGUE, JACOB T
3981 SPRING CREEK HIGHWAY
CRAWFORDVILLE, FL 32327 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JACOB T. LOGUE 07/13/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LOGUE, JACOB
Address: 3981 SPRING CREEK HIGHWAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGR ( ) Delete
Name: LOGUE, JENNY
Address: 3981 SPRING CREEK HIGHWAY
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JACOB T. LOGUE MGR 07/13/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date